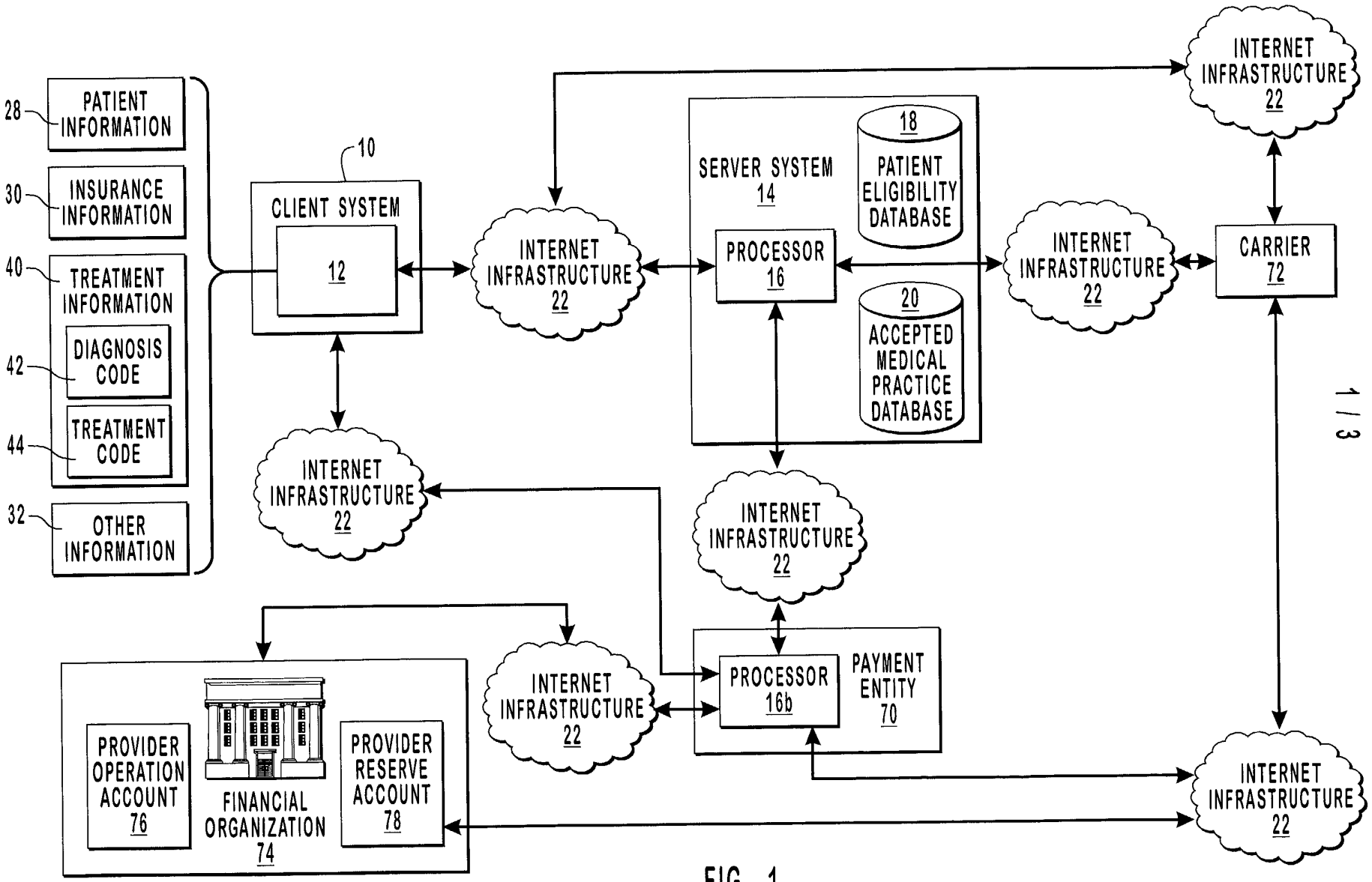
28
PATIENT INFORMATION
30
INSURANCE INFORMATION
40
TREATMENT INFORMATION
42
DIAGNOSIS CODE
44
TREATMENT CODE
32
OTHER INFORMATION
10
CLIENT SYSTEM
12
INTERNET INFRASTRUCTURE 22
SERVER SYSTEM 14
PROCESSOR 16
18
PATIENT ELIGIBILITY DATABASE
20
ACCEPTED MEDICAL PRACTICE DATABASE
INTERNET INFRASTRUCTURE 22
CARRIER 72
INTERNET INFRASTRUCTURE 22
INTERNET INFRASTRUCTURE 22
INTERNET INFRASTRUCTURE 22
PROCESSOR 16b
PAYMENT ENTITY 70
INTERNET INFRASTRUCTURE 22
PROVIDER OPERATION ACCOUNT 76
FINANCIAL ORGANIZATION 74
PROVIDER RESERVE ACCOUNT 78
INTERNET INFRASTRUCTURE 22

FIG. 1

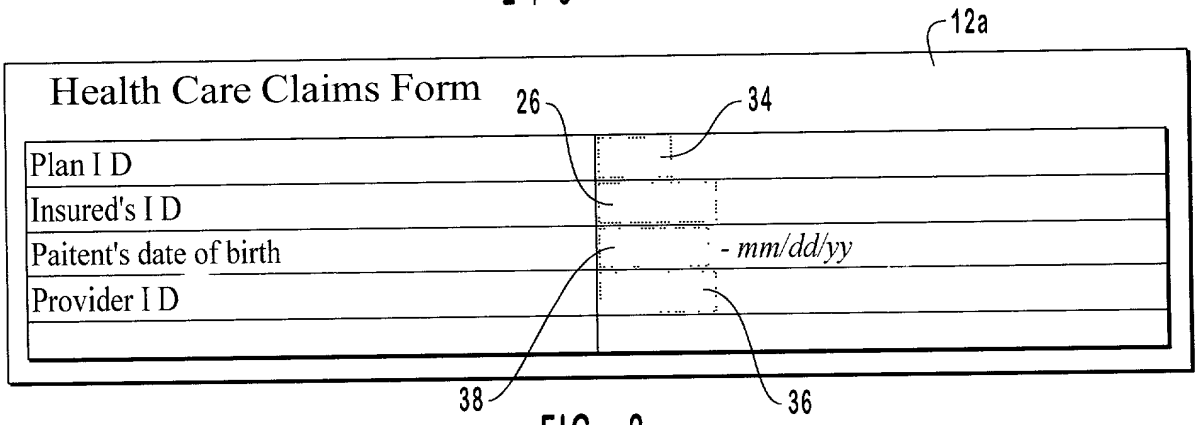
12a
Health Care Claims Form
26
34
Plan I D
Insured's I D
Paitent's date of birth
- mm/dd/yy
Provider I D
38
36

FIG. 2

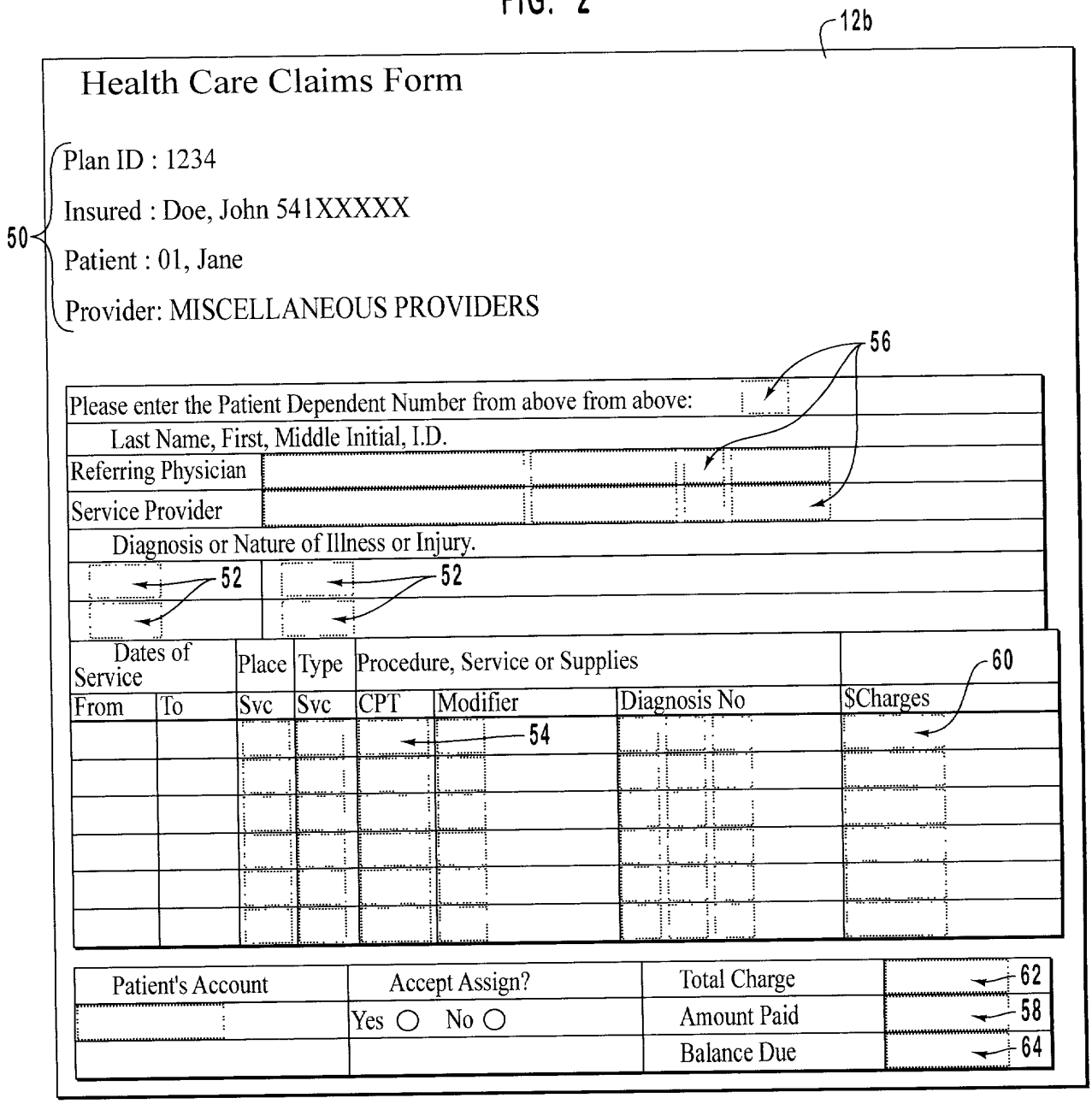
12b
Health Care Claims Form
50
Plan ID : 1234
Insured : Doe, John 541XXXXX
Patient : 01, Jane
Provider: MISCELLANEOUS PROVIDERS
56
Please enter the Patient Dependent Number from above from above:
Last Name, First, Middle Initial, I.D.
Referring Physician
Service Provider
Diagnosis or Nature of Illness or Injury.
52
52
Dates of Service
From
To
Place Svc
Type Svc
Procedure, Service or Supplies
CPT
Modifier
54
Diagnosis No
$Charges
60
Patient's Account
Accept Assign?
Yes ○ No ○
Total Charge
62
Amount Paid
58
Balance Due
64

FIG. 3

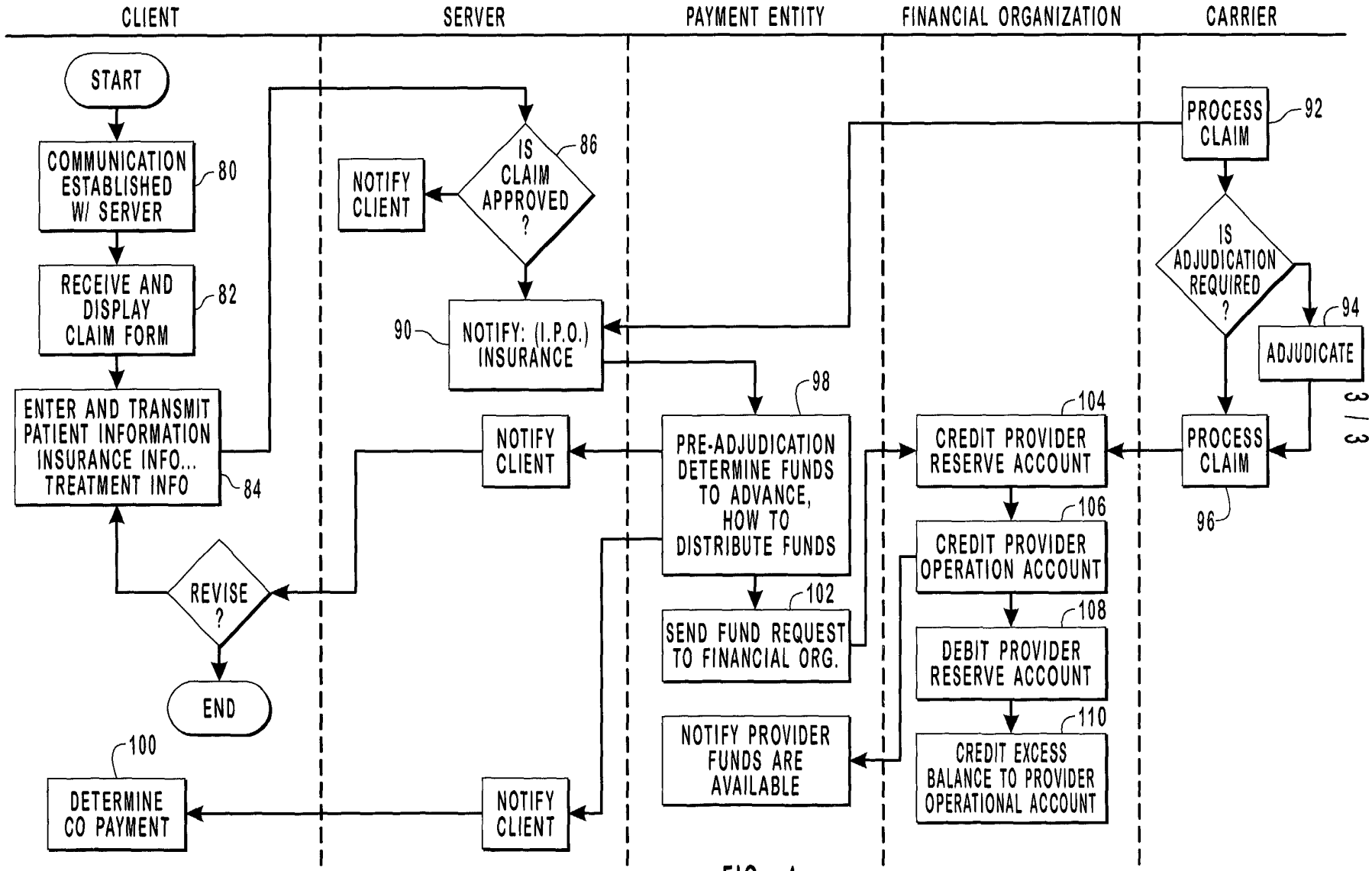
CLIENT
SERVER
PAYMENT ENTITY
FINANCIAL ORGANIZATION
CARRIER
START
COMMUNICATION ESTABLISHED W/ SERVER
80
RECEIVE AND DISPLAY CLAIM FORM
82
ENTER AND TRANSMIT PATIENT INFORMATION INSURANCE INFO... TREATMENT INFO
84
REVISE ?
END
100
DETERMINE CO PAYMENT
NOTIFY CLIENT
IS CLAIM APPROVED ?
86
NOTIFY CLIENT
90
NOTIFY: (I.P.O.) INSURANCE
98
PRE-ADJUDICATION DETERMINE FUNDS TO ADVANCE, HOW TO DISTRIBUTE FUNDS
NOTIFY CLIENT
102
SEND FUND REQUEST TO FINANCIAL ORG.
NOTIFY PROVIDER FUNDS ARE AVAILABLE
104
CREDIT PROVIDER RESERVE ACCOUNT
106
CREDIT PROVIDER OPERATION ACCOUNT
108
DEBIT PROVIDER RESERVE ACCOUNT
110
CREDIT EXCESS BALANCE TO PROVIDER OPERATIONAL ACCOUNT
PROCESS CLAIM
92
IS ADJUDICATION REQUIRED ?
94
ADJUDICATE
PROCESS CLAIM
96

FIG. 4